

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER San Bernardino County Republican Central Committee-State			Date of This Filing _____ 09/09/2026	Date Stamp Page 1 of 2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 741886	Report No. _____ 2362			
STREET ADDRESS					
CITY Ontario	STATE CA	ZIP CODE 91761			
☐ Amendment to Report No. _____ (explain below)			No. of Pages _____ 2		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/08/2026	Industrial Integrity Solutions Ontario, CA 91764	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$49,000.00
09/08/2026	Industrial Integrity Solutions Ontario, CA 91764	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$51,000.00
09/08/2026	Valley-Hi Toyota Victorville, CA 92395	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		\$6,000.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

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AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 741886				
STREET ADDRESS					
CITY Ontario	STATE CA	ZIP CODE 91761			

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: